

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	10/4
O.I.P.E. CLASSIFIER	✓✓✓	32	10/11
FORMALITY REVIEW	SB	DC 8-15	10-31-00
RESPONSE FORMALITY REVIEW			

10/11

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 0 Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	○	○	
10	○	○	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	✓	✓	
23	○	○	
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If more than 150 claims or 10 actions
staple additional sheet here

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